

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 01, 2007 8:00 am
Secretary of State

02-08-2007 90138 049 ****50.00

DOCUMENT # L04000006902

1. Entity Name
MICCAR, L.L.C.



Principal Place of Business
**13829 GOOD LIFE RD.
TAMPA, FL 33618**

Mailing Address
**13829 GOOD LIFE RD.
TAMPA, FL 33618**

DO NOT WRITE IN THIS SPACE



01102007No Chg-LLC

CR2E083 (11/05)

4. FEI Number
41-2132036

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**CROMER, MICHAEL A
13829 GOOD LIFE RD.
TAMPA, FL 33618**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept, the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
CROMER, MICHAEL A
13829 GOOD LIFE RD.
TAMPA, FL 33618**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
CROMER, CAROL B
13829 GOOD LIFE RD.
TAMPA, FL 33618**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
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CITY - ST - ZIP

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TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: _____

Michael A. Cromer **Michael A. Cromer** 2/26/07 813-5987768

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #